



## Hallandale Beach Neighborhood Improvement Corporation

400 South Federal Highway, Room 124

Hallandale Beach, Florida 33009

(954) 457-1377 Fax: (954) 457-1335

### APPLICATION FOR AFFORDABLE HOMEBUYER PROGRAM

#### APPLICANT

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Monthly rent \$ \_\_\_\_\_ Living at this address since: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ☐ Male ☐ Female How many will be living in new home?: \_\_\_\_\_

Marital status: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Unmarried (single, divorced, widow)

Please check one: \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ American Indian \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian (Pacific Islander) \_\_\_\_\_ Other \_\_\_\_\_

Are you female head of household? \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person for Income Verification: \_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_ Employed since: \_\_\_\_\_

Monthly income: \_\_\_\_\_ Bonus: \_\_\_\_\_ Overtime: \_\_\_\_\_

Alimony/Child support: \_\_\_\_\_ Other (explain): \_\_\_\_\_

SS / Disability / Pension: \_\_\_\_\_ **APPLICANT'S TOTAL MONTHLY INCOME: \$** \_\_\_\_\_

#### CO-APPLICANT

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Monthly rent \$ \_\_\_\_\_ Living at this address since: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ☐ Male ☐ Female

Marital status: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Unmarried (single, divorced, widow)

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person for Income Verification: \_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_ Employed since: \_\_\_\_\_

Monthly income: \_\_\_\_\_ Bonus: \_\_\_\_\_ Overtime: \_\_\_\_\_

Alimony/Child support: \_\_\_\_\_ Other (explain): \_\_\_\_\_

SS / Disability / Pension: \_\_\_\_\_ **CO-APPLICANT'S TOTAL MONTHLY INCOME: \$** \_\_\_\_\_

TOTAL HOUSEHOLD MONTHLY INCOME \$ \_\_\_\_\_

ALL OTHER HOUSEHOLD MEMBERS (Do not include Applicant and Co-Applicant listed on Page 1)

Name	Date of birth	Relationship	Gross monthly income

## ASSETS

(For Applicant, Co-Applicant, and Other)

Bank accounts: Checking, Savings, Retirement, Certificates of Deposit, etc. Use additional pages if needed.

BALANCES					
Type of account	Bank/Institution	<u>Applicant</u>	<u>CoApplicant</u>	<u>Other</u>	<u>TOTAL</u>
Checking					
Savings					
Retirement					
Vehicles, boats					
Stocks					
Bonds					
Mutual Funds					
Other					

TOTAL \$\$ \_\_\_\_\_

## LIABILITIES

(For Applicant, Co-Applicant, Other)

Installment (Bank) loans; Auto loans; Credit cards; Student loans, Hospital bills, and other debt. Include child support and alimony payments (Rent, utilities, cable, should not be included)

(Place amounts under proper person)

Bank or Creditor	<u>Applicant</u>	<u>CoApplicant</u>	<u>Other</u>	Monthly payment	Balance due

TOTAL DEBT:      \$ \_\_\_\_\_      \$ \_\_\_\_\_

## CERTIFICATIONS

Applicant (s) represent that all of the above statements are true and correct and hereby authorize verification of the above information, references and credit records. I / we consent to the disclosure of such information for the purpose of income verification related to my / our application for housing assistance. I / we understand that any willful misstatements will be grounds for disqualification.

I/we understand that verification of my income will be verified with the employer(s) listed above.

I / we understand that this program provides assistance only to first time homebuyers and I / we state that I / we have not owned any property for the last three (3) years prior to this date.

I/we agree to participate in the promotion of this program, and agree to be interviewed and accept pictures to be taken.

I/we understand that if assistance is provided and a residence is not constructed or if I/we cease to occupy the property as my/our principal residence or if I/we sell the property, then the total assistance provided will be due and payable.

IN WITNESS WHEREOF, we have set our hands and seals this \_\_\_\_\_, 2004.

### WITNESSES:

_____	_____	_____
Print Name:	Applicant	Date

_____	_____	_____
Print Name:	Co-Applicant	Date

STATE OF FLORIDA  
COUNTY OF BROWARD

On \_\_\_\_\_, 2004, before me, the undersigned authority, personally appeared \_\_\_\_\_  
\_\_\_\_\_ and \_\_\_\_\_ who are personally known  
to me or produced \_\_\_\_\_ as identification, and executed this Application.

\_\_\_\_\_  
Notary Public